**Directly Observed Therapy Log (DOT): 12-Dose Isoniazid-Rifapentine (3HP) LTBI Treatment**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pt. MRN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_ Sex: ☐M ☐F

**Dose**: INH \_\_\_\_\_\_mg., Tab strength \_\_\_\_\_\_\_, INH # tabs \_\_\_\_\_\_ **Dose**: RPT (rifapentine) \_\_\_\_\_\_mg., Tab strength 150 mg., RPT # tabs \_\_\_\_\_\_

From *Pediatric Tuberculosis: An Online Presentation* by Ann Loeffler, MD; produced by the Curry International Tuberculosis Center. Rev 7-26-18

Form developed by: Clackamas County, OR, Public Health Division, Infectious Disease Control and Prevention Program

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| **\*For events listed below, check if event/symptom occurs, otherwise leave blank. (The event may have occurred in the past, after a previous dose)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date:  Dose: | | | | \_\_/\_\_/\_\_  1 | \_\_/\_\_/\_\_  2 | | \_\_/\_\_/\_\_  3 | | | \_\_/\_\_/\_\_  4 | \_\_/\_\_/\_\_  5 | \_\_/\_\_/\_\_  6 | | | | \_\_/\_\_/\_\_  7 | | \_\_/\_\_/\_\_  8 | \_\_/\_\_/\_\_  9 | | \_\_/\_\_/\_\_  10 | | | \_\_/\_\_/\_\_  11 | \_\_/\_\_/\_\_  12 |
| Directly Observed Therapy (DOT) received | | | | ☐ | ☐ | | ☐ | | | ☐ | ☐ | ☐ | | | | ☐ | | ☐ | ☐ | | ☐ | | | ☐ | ☐ |
| **Side Effect/Toxicity – Check in box if present** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO adverse reaction** | | | | ☐ | ☐ | | ☐ | | | ☐ | ☐ | ☐ | | | | ☐ | | ☐ | ☐ | | ☐ | | | ☐ | ☐ |
| Loss of appetite | | | | ☐ | ☐ | | ☐ | | | ☐ | ☐ | ☐ | | | | ☐ | | ☐ | ☐ | | ☐ | | | ☐ | ☐ |
| Nausea or vomiting | | | | ☐ | ☐ | | ☐ | | | ☐ | ☐ | ☐ | | | | ☐ | | ☐ | ☐ | | ☐ | | | ☐ | ☐ |
| Yellow eyes or skin | | | | ☐ | ☐ | | ☐ | | | ☐ | ☐ | ☐ | | | | ☐ | | ☐ | ☐ | | ☐ | | | ☐ | ☐ |
| Diarrhea | | | | ☐ | ☐ | | ☐ | | | ☐ | ☐ | ☐ | | | | ☐ | | ☐ | ☐ | | ☐ | | | ☐ | ☐ |
| Rash/hives | | | | ☐ | ☐ | | ☐ | | | ☐ | ☐ | ☐ | | | | ☐ | | ☐ | ☐ | | ☐ | | | ☐ | ☐ |
| Fever or chills | | | | ☐ | ☐ | | ☐ | | | ☐ | ☐ | ☐ | | | | ☐ | | ☐ | ☐ | | ☐ | | | ☐ | ☐ |
| Sore muscles or joints | | | | ☐ | ☐ | | ☐ | | | ☐ | ☐ | ☐ | | | | ☐ | | ☐ | ☐ | | ☐ | | | ☐ | ☐ |
| Numbness or tingling | | | | ☐ | ☐ | | ☐ | | | ☐ | ☐ | ☐ | | | | ☐ | | ☐ | ☐ | | ☐ | | | ☐ | ☐ |
| Fatigue | | | | ☐ | ☐ | | ☐ | | | ☐ | ☐ | ☐ | | | | ☐ | | ☐ | ☐ | | ☐ | | | ☐ | ☐ |
| Dizziness/fainting | | | | ☐ | ☐ | | ☐ | | | ☐ | ☐ | ☐ | | | | ☐ | | ☐ | ☐ | | ☐ | | | ☐ | ☐ |
| Abdominal pain | | | | ☐ | ☐ | | ☐ | | | ☐ | ☐ | ☐ | | | | ☐ | | ☐ | ☐ | | ☐ | | | ☐ | ☐ |
| Other **(describe in progress note)** | | | | ☐ | ☐ | | ☐ | | | ☐ | ☐ | ☐ | | | | ☐ | | ☐ | ☐ | | ☐ | | | ☐ | ☐ |
| **Tests** – blood work (prn) | | | | ☐ | ☐ | | ☐ | | | ☐ | ☐ | ☐ | | | | ☐ | | ☐ | ☐ | | ☐ | | | ☐ | ☐ |
| Next Appointment | | | |  |  | |  | | |  |  |  | | | |  | |  |  | |  | | |  |  |
| Staff Initials\*\* | | | |  |  | |  | | |  |  |  | | | |  | |  |  | |  | | |  |  |
| Patient Signature/Initials | | | |  |  | |  | | |  |  |  | | | |  | |  |  | |  | | |  |  |
| **Rx stop or held** | | | | ☐ | ☐ | | ☐ | | | ☐ | ☐ | ☐ | | | | ☐ | | ☐ | ☐ | | ☐ | | | ☐ | ☐ |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Methadone withdrawal\* | | | | ☐ | ☐ | | ☐ | | | ☐ | ☐ | | | ☐ | | ☐ | | ☐ | ☐ | | ☐ | | | ☐ | ☐ |
| \* (> 3 new symptoms for > 7 days) nausea and vomiting, abdominal cramps, body aches, restlessness, irritability, dilated pupils, tremors, involuntary twitching, lacrimation,  rhinorrhea, sneezing, yawning, excessive perspiration, goose flesh, or diarrhea | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | |  | |  |  | | | |  | |  | |  | | |  | |  |  | | |
| \*\*initials |  | signature | | | | initials | |  | signature | | | | initials | |  | | signature | | | initials | |  | signature | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Final Disposition: | | | ☐☐Completed treatment ☐Stopped treatment ☐Adverse event ☐Lost to f/u ☐Moved ☐Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |